



HSI CARRIAGE DRIVING SUBSCRIPTION APPLICATION 2016

(PLEASE WRITE IN CAPITAL LETTERS)

NAME: _____

ADDRESS: _____

TELEPHONE: _____

E-MAIL ADDRESS: _____

DRIVING NUMBER: _____

EQUINE PREMISES REG. NUMBER: _____

TYPE OF SUBSCRIPTION (Please tick as appropriate):

ADULT

JUNIOR*

SUPPORTING/NON-DRIVING

*A Junior Member is a person under 16 years on 1st January. Date of Birth: _____

I agree that, by becoming a Carriage Driving Subscriber, I will abide by the Carriage Driving Rules and (WADA) World Anti Doping Agency as adopted from time to time by Horse Sport Ireland.

SIGNED: _____ DATE: _____

PLEASE NOTE: ANNUAL SUBSCRIPTIONS FALL DUE ON 1st JANUARY EACH YEAR & DRIVING MEMBERS' INSURANCE COVER RUNS CONCURRENTLY WITH THE SUBSCRIPTION

2016 SUBSCRIPTION RATES:

| | | |
|----------------------------|-----------------------------|---------|
| ADULT DRIVER | Includes Insurance Cover | €160.00 |
| JUNIOR DRIVER ONLY | Includes Insurance Cover | €100.00 |
| JUNIOR DRIVER WITH ADULT | Includes 2 Insurance Covers | €220.00 |
| SUPPORTING MEMBER | <u>No Driving Insurance</u> | €30 |
| EQUINE ANNUAL REGISTRATION | (Please Turn Over Page) | €10.00 |

| | |
|---------------------------|--------------------------|
| Please tick Payment type: | |
| Cheque | <input type="checkbox"/> |
| Cash | <input type="checkbox"/> |
| Credit card | <input type="checkbox"/> |

| | | | | | | | | | | | | | | | | | | | |
|---------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Card Number | | | | | | | | | | | | | | | | | | | |
| Expiry Date | | | | | | | | | | | | | | | | | | | |
| 3 Digit Security Code | | | | | | | | | | | | | | | | | | | |
| Card Type: Visa/Master card/ Laser | | | | | | | | | | | | | | | | | | | |

PROPOSER:

ALL NEW MEMBERSHIP APPLICATIONS ARE SUBJECT TO RATIFICATION BY THE HSI CARRIAGE DRIVING COMMITTEE.

**Please make cheques out to HORSE SPORT IRELAND. When completed please return to:
Ms. Aileen Cartwright,
HSI Carriage Driving Section, 1st Floor, Beech House, Millennium Park, Osberstown, Naas, Co. Kildare
acartwright@horsesportireland.ie (045)854530**

Office use only
Date received: _____ By: _____ Paid: c/c cash cheque Amount: € _____

PLEASE TURN OVER THE PAGE



HSI CARRIAGE DRIVING EQUINE REGISTRATION FORM 2016

****PLEASE ENSURE THAT THE NAME OF THE EQUINE IS THE NAME THAT APPEARS ON THE PASSPORT****

| | | | |
|-------------------------|--|-------------------------|--|
| EQUINE NAME | | EQUINE NAME | |
| TYPE | | TYPE | |
| BREED | | BREED | |
| GENDER | | GENDER | |
| COLOUR | | COLOUR | |
| PASSPORT NUMBER | | PASSPORT NUMBER | |
| MICROCHIP NUMBER | | MICROCHIP NUMBER | |

| | | | |
|-------------------------|--|-------------------------|--|
| EQUINE NAME | | EQUINE NAME | |
| TYPE | | TYPE | |
| BREED | | BREED | |
| GENDER | | GENDER | |
| COLOUR | | COLOUR | |
| PASSPORT NUMBER | | PASSPORT NUMBER | |
| MICROCHIP NUMBER | | MICROCHIP NUMBER | |

| | | | |
|-------------------------|--|-------------------------|--|
| EQUINE NAME | | EQUINE NAME | |
| TYPE | | TYPE | |
| BREED | | BREED | |
| GENDER | | GENDER | |
| COLOUR | | COLOUR | |
| PASSPORT NUMBER | | PASSPORT NUMBER | |
| MICROCHIP NUMBER | | MICROCHIP NUMBER | |